

FILED DEC 18 1950
#668

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42518**
Registrar's No. **10357**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 5219		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 1429-N. 24th St		
3. NAME OF DECEASED (Type or Print)		a. (First) FRED		b. (Middle) LEWIS	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH AUG - 29 - 1877	
				9. AGE (In years last birthday) 73	
				11. BIRTHPLACE (State or foreign country) COLORADO	
				12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly ADDRESS 2331 Mullany	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 10/2/50 to 11/30/50 , 19__, that I last saw the deceased alive on 11/30/50 , 19__, and that death occurred at 3:05 am m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Richard F. Buch		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-6-50		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
24d. LOCATION (City, town, or county) (State) ST LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Gullen-Kelly ADDRESS 4386 Indale			
DATE REC'D BY LOCAL REG. DEC 5 1950		REGISTRAR'S SIGNATURE J.B. Lester			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by _____

Students of College of Mortuary Science
working under my personal supervision.

Student Embalmer No.

Signed

James A. Lammers

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address. *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.